

THE OFFICE

OF CO

WITH ST

REPORT

RECEIVED

1 Report for

187

WILLIAM H.

ON

THE OFFICE AND DUTIES OF CORONER,

WITH SUGGESTIONS FOR

Parliamentary Inquiry, proposed Legislation, and
Reform of the Office.

No. 1 Report for the Years 1875, 1876,
1877, 1878.

BY

WILLIAM HARDWICKE, M.D.,

Coroner for Central Middlesex.

Published at the

CORONER'S OFFICE,

FULHAM PLACE,

PADDINGTON, W.

CONTENTS.

	PAGES.
Introductory	1
Table I.—Inquests on Deaths in Parishes of Central Middlesex in 1878	2
Table II.—Inquests on Deaths from Natural Causes, and from Deaths accelerated by Drink, &c., and from Suicide, Homicide, Accident, and Violence, during the last four years, in the Central District of Middlesex	3
Table III.—Ages of Infants, Illegitimate and Legitimate, of Children, and of Adults on which Inquests were held during four years ending 1878	4
Table IV.—Inquests on Deaths from Natural Causes in the Year 1878	5
Table V.—Inquests on Deaths from Accidental Causes, Injuries, Cause Unknown and found Dead, in the Year 1878	6
Table VI.—Ages of Persons at Death caused or accelerated by Exposure, Neglect, and Starvation, in the Year 1878	7
Table VII.—Ages of Infants, Children, and Adults at Death from Homicide, Infanticide, Manslaughter, and Wilful Murder, in the Year 1878	7
Table VIII.—Ages of Persons at Death caused or accelerated by Drinking Habits, in the Year 1878	7
Inquests in proportion to the Deaths and Population	8
Annual number of Inquests in the last seven years	8
Expenses of Inquests in the Central District	8
Inquests in Parishes (Vide Table I.)	10

REPORT.

In presenting a Report of proceedings during the time I have been in office as Coroner for Central Middlesex, I am following the example set by my late predecessor, Dr. Lankester, who inaugurated the practice of giving an annual Report, which, at his own expense, he continued for seven years.

At the present time, whilst a Bill is before Parliament for consolidating and amending the Laws relating to Coroners, it is opportune to review the practical working of this ancient institution, since its value and usefulness, so much questioned by some, will be more fully tested. The scope, object, and duties of a Coroner having somewhat changed by recent legislation, no doubt necessitate modification to work in harmony with modern institutions.

Besides a personal object in view, of removing charges detrimental to myself, viz., of holding unnecessary and improper Inquests, I desire also to dispose of imputations calculated to impair the dignity of the office, and to damage its usefulness in the interests of the public.

TABLE I.—Inquests on Deaths in Parishes of Central Middlesex in 1878.

PARISHES.	Population in 1861.	Population in 1861.	Population in 1871.	Estimated Increase of Population up to 1879.	Deaths from Natural Causes.	Deaths from Accidental Causes.	Deaths from Suicides.	Deaths from Homicide, Infanticide, and Man- slaughter.	Deaths accelerated by Drinking habits.	Deaths accelerated by Cold, Exposure, Sani- tary & Medical Neglect or Starvation.	Found dead, Injuries, Suffocation, &c., from unknown causes.	Total.
St. Pancras	166,957	198,788	221,465	18,096	188	129	17	12	17	21	15	399
St. Marylebone	157,696	161,680	159,254	Nil.	126	65	9	3	14	7	4	228
Paddington	46,805	75,784	96,813	16,668	45	68	8	11	10	2	4	148
Islington	95,329	155,341	213,778	46,749	160	81	23	7	14	17	2	304
Clerkenwell	64,676	65,681	65,380	Nil.	66	29	5	4	9	11	2	126
St. Giles and St. George's, Bloomsbury	54,212	54,076	53,556	Nil.	36	22	5	3	8	9	3	86
St. Andrew's, Holborn	13,991	32,251	33,493	Nil.	38	18	4	—	6	3	2	71
St. George-the-Martyr	18,813											
Liberties of Sadron Hill—the Rolls—St. Sepulchre and Inns-of-Court, Charter- house, &c.	16,565	16,290	12,612	Nil.	5	1	—	—	—	—	—	6
Hampstead	11,896	19,106	32,281	10,540	17	8	4	3	—	—	1	33
Hendon	3,833	4,544	6,972		9	6	3	3	1	—	—	22
Hornsey	7,135	11,082	19,357		9	8	2	—	1	2	—	22
Frien Barnet	974	3,344	4,347	11,398	—	1	1	—	—	—	—	2
Finchley	4,120	4,937	7,146		1	3	—	—	—	—	—	4
South Mims	2,825	3,238	3,571		3	1	—	—	—	1	—	5
				Males ...	373	276	54	20	37	37	18	
				Females.	330	164	27	26	43	36	15	
	664,827	806,142	930,025	103,446	703	440	81	46	80	73	33	1,456

TABLE II.

Inquests on deaths from Natural Causes, and from deaths accelerated by Drink, &c., and from Suicide, Homicide, Accident, and Violence, during the last four years, in the Central District of Middlesex.

	DEATHS FROM DISEASES.						DEATHS FROM VIOLENCE.						Total Cases.									
	Deaths from Natural Causes.			Deaths caused or accelerated by Drinking.			Deaths accelerated by Exposure, Neglect, and Starvation.			Suicides.				Homicides, Infanticides, Manslaughter.			Accidental or Violent causes of Deaths.			Found dead, cause not known.		
	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total		M.	F.	Total	M.	F.	Total	M.	F.	Total
1875	503	375	878	49	31	80	16	7	23	63	19	82	21	19	40	322	172	494	3	3	6	1,603
1876	396	343	739	24	14	38	13	14	27	68	32	100	30	31	61	302	185	487	5	4	9	1,461
1877	373	274	647	26	23	49	29	31	60	56	20	76	26	20	46	273	163	436	6	3	9	1,323
1878	372	331	703	37	43	80	37	36	73	54	27	81	20	26	46	292	177	469	2	2	4	1,456

TABLE III.

Ages of Infants, Illegitimate and Legitimate, of Children, and of Adults on which Inquests were held during four years ending 1878.

	Infants under 1 year.		Infants from 1 year to 7.				Children from 7 years to 18.			Adults from 16 years to 60.			From 60 and upwards.		Ages not known.		Total.
	M.	F.	M.	F.	Total under 7 years.	M.	F.	Total.	M.	F.	Total.	M.	F.	M.	F.		
1875	165	127	86	63	559	37	13	50	437	212	649	182	157	8	3	1,603	
	Illegitimate.		Illegitimate.			Illegitimate.		Illegitimate.		Illegitimate.		Illegitimate.		Illegitimate.			
	61	47	6	4		6		4		4		4		4			
1876	148	130	59	68	546	25	12	37	359	209	568	166	133	7	4	1,461	
	Illegitimate.		Illegitimate.			Illegitimate.		Illegitimate.		Illegitimate.		Illegitimate.		Illegitimate.			
	71	59	4	7		4		7		7		7		7			
1877	138	114	81	60	497	19	13	32	339	179	518	157	118	1	4	1,323	
	Illegitimate.		Illegitimate.			Illegitimate.		Illegitimate.		Illegitimate.		Illegitimate.		Illegitimate.			
	50	46	4	4		4		4		4		4		4			
1878	151	142	85	79	565	29	7	36	347	215	562	149	144	1,456	
	Illegitimate.		Illegitimate.			Illegitimate.		Illegitimate.		Illegitimate.		Illegitimate.		Illegitimate.			
	48	63	5	2		5		2		2		2		2			

TABLE IV.

*Inquests on Deaths from Natural Causes in the
Year 1878.*

	Males.	Females.	1 Year and under.	7 Years and above 1 Year.	Above 7 Years and under 16 Years.	16 Years and under 60 Years.	60 Years and above.	Totals.
Typhus (1), Puer- peral (1), and Scarlet Fever (9) }	6	5	1	5	1	4	...	11
Small Pox	4	1	...	2	2	1	...	5
Syphilitic Poisoning ..	2	...	1	1	...	...	...	2
Whooping Cough	2	2	4	...	...	...	...	4
Strangulated Hernia ...	2	3	1	...	...	2	2	5
Consumption	7	7	5	1	...	8	...	14
Pulmonary Apoplexy .	5	3	1	...	...	5	2	8
Diseases of Lungs	79	61	42	27	2	42	27	140
Diseases of Heart	109	96	11	5	1	97	91	205
Rupture, Inflamma- tion, and Perforation of Bowels }	3	3	...	2	1	2	1	6
Wasting, Diarrhœa, and Exhaustion.	6	12	16	2	...	...	...	18
Dropsy (5), Abscess (4), Cancer (3).	7	5	...	3	1	7	2	12
Diseases of Liver, Kid- neys and Bladder, &c.	3	4	...	...	...	4	3	7
Premature Birth and Still-born	7	11	18	..	...	...	...	18
Spasm of Glottis	21	21	27	15	...	..	...	42
Epilepsy	4	4	...	...	1	7	...	8
Apoplexy and Paralysis	43	44	...	...	...	41	46	87
Diseases of Brain and Convulsions.	62	49	58	27	2	15	9	111
	372	331	185	89	11	235	183	703

TABLE V.

*Inquests on Deaths from Accidental Causes, Injuries,
Cause Unknown and Found Dead, in the
Year 1878.*

	Males.	Females.	1 Year and under.	7 Years and above 1 Year.	Above 7 Years and under 16.	16 Years and under 60.	60 Years and above.	Totals.
Burns from Clothes taking fire.	13	23	2	14	1	8	11	36
Scalds from Hot Water, Coffee, Tea, etc.	7	7	2	11	1	...	...	14
Suffocation at Birth and found dead.	4	5	9	..	...	...	...	9
Suffocation in bed, at Mother's breast and in arms	63	64	125	2	...	..	...	127
Suffocation from Drowning.	16	5	2	3	9	6	1	21
Suffocation from va- rious causes.	11	6	2	5	1	5	4	17
Poisoning (Accidental).	14	10	2	5	...	13	4	24
Injuries on Railway ...	33	3	...	...	4	30	2	36
Injuries by Machinery.	3	..	...	..	...	2	1	3
Injuries by falling from Scaffolds, Windows, Houses, Down-stairs, etc.	51	32	2	13	1	44	23	83
Injuries by run over in Streets by Horses, Cabs, Vans, etc.	42	9	...	8	5	27	11	51
Injuries from falling in the Streets.	17	7	...	1	2	11	10	24
Injuries from various other causes.	20	8	4	5	...	13	6	28
	294	179	150	67	24	159	73	473

TABLE VI.

Ages of Persons at Death caused or accelerated by Exposure, Neglect, and Starvation, in the Year 1878.

Under 1 year.		From 1 to 5 years.		From 5 to 20.		From 20 to 40.		From 40 to 60.		From 60 upward.		Total.
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
9	5	5	7	4	2	5	5	6	7	8	10	78

TABLE VII.

Ages of Infants, Children and Adults at Death from Homicide, Infanticide, Manslaughter, and Wilful Murder, in the Year 1878,

Newly born and under 1 year.	From 1 to 5 years.	From 5 to 20.	From 20 to 40.	From 40 to 60.	From 60 upward.	Total.
43.	...	1 Pistol shot.	1	...	1	46

TABLE VIII.

Ages of Persons at Death caused or accelerated by Drinking habits, in the Year 1878.

From 5 to 20 years.		From 20 to 40.		From 40 to 60.		From 60 upward.		Total.
M.	F.	M.	F.	M.	F.	M.	F.	
2	...	17	11	14	27	4	5	80

Inquests in proportion to the deaths and population.

The large area over which my jurisdiction extends, now comprises above one million of inhabitants, and some of the largest parishes of the Metropolis.

The following is the decennial census increase :—

1850, 664,827 ; 1860, 804,960 ; 1870, 956,453.

Annual number of Inquests in the last seven years.

1872.	1873.	1874.	1875.	1876.	1877.	1878.
1,508	1,641	1,552	1,603	1,461	1,323	1,456

The number of Inquests in the Central District of Middlesex last year was only 1,456, the tendency of late years being to gradually diminish rather than to increase with the proportionate increase of the population.

Expenses of Inquests in the Central District.

	1875.	1876.	1877.	1878.
Annual Cost. } Average of each } Inquest. }	5,471 5 6	5,092 19 2	4,875 11 9	5,227 11 3
	3 8 3	3 9 8½	3 13 3½	3 11 9½

It appears that the expenses of single Inquests have increased during the last two years, but the gross annual amount does not appear to be increasing.

The addition to the population in some separate Parishes shows very marked increase. St. Pancras has

doubled, and Islington trebled, their respective populations, whilst Paddington added 30,000,—in the last 20 years. But Marylebone, St. Giles', Holborn, and Clerkenwell are either stationary or have slightly decreased in population.

The proportion of Inquests to the general mortality throughout England last year was about 5 per cent. In the Metropolis it was 6·67 per cent. Out of 76,952 deaths 91·9 (say 92) per cent. were duly registered upon certificates of registered Medical Practitioners ; but 1,177 deaths obtained registration in the Metropolis without any certified or scientific evidence at all. These uncertified deaths in my district were only $\frac{1}{2}$ per cent. of the total deaths, or 52 per 10,000, whilst in South London they amounted to 206 in 10,000 deaths, and the proportions are far larger in many provincial districts where Coroners and Registrars of Deaths do not feel compelled to inquire into them.

Coroner's inquiries were instituted in 8·3 per cent. of deaths in Nottingham, 9·1 in Birmingham, 8·5 in Manchester, where obscure and uncertified deaths are more looked after than in many other large cities.

During the last quarter of 1878, in England and Wales, out of 141,290 deaths registered, 126,973 only were by Medical Certificates ; of the remainder, 7,409 were by Coroner's inquiries, and nearly an equal number (6,908) obtained registration without any cause of death being assigned.

Inquests in Parishes (Vide Table I).

Commencing with the most northerly districts within my jurisdiction—Hampstead, Hornsey, Hendon, Finchley, Friern Barnet, South Mimms—they one and all present similar features, as regards locality, social status of inhabitants, birth and death rate, and number of inquests held in proportion to the increase of population. But of the above named parishes, the one which has made the greatest stride in population within the last decade of years, is Hampstead, which can show an increase of population of 15,000 since 1865, whilst its “inquest rate” (if I may use the term) remains the same. The inquests have increased in number, it is true, but the proportion to increase of population shows no perceptible difference; in 1865, being 1 in 1,061; in 1875, 1 in 1,076.

Thanks are due, both to the Hampstead Vestry for granting use of their Hall for the holding inquests, as also to the Guardians of the Poor for a similar privilege in regard to the Workhouse.

From Hampstead we turn to the extensive parish of St. Pancras, which, in proportion to its population, has shown a great diminution in its number of inquests compared with preceding years. This is accounted for, to a great extent, by the sweeping away of blocks of buildings, inhabited by a low class of population, in both **Agar** and **Somers Towns**, to make room for certain improvements in the Great Northern and Midland Rail-

way systems. Entire Streets, Courts and Alleys, which were formerly the hot-beds of vice, drunkenness and destitution of every form, have now ceased to exist, and nothing can more forcibly illustrate the wonderful influence which improved dwellings (which mean better health and a higher state of morality), have upon the birth, death, and inquest rate, than a comparison of the statistics of the parish of St. Pancras for the year 1870 with those for 1878.

Densely populated and ill-regulated neighbourhoods naturally supply a large contingent of deaths (more or less obscure), demanding proper and searching enquiry, and these add to the list of cases which come within the jurisdiction of a Coroner's Court. But wherever improvements have taken place in a sanitary sense, there has always been a decided advancement in a statistical and moral point of view.

In this parish of St. Pancras, with its population of 221,000 (in 1870), my work since that year has decreased, as the following figures will show:—

In 1871 the number of inquests held were	637
„ 1872	559
„ 1873	517
„ 1874	491
„ 1875	522
„ 1876	461
„ 1877	373
„ 1878	390

In this district we have an instance where the prompt action of the Coroner in past years, although at the time it may perhaps have occasionally resulted in inconvenience and annoyance to the authorities, has on the whole, aided in securing more efficient and early medical assistance to thousands of persons, more especially the out-door poor; and it has frequently brought home blame to negligent persons, and thereby deterred many from the commission of crime.

In this large parish, a Public Mortuary with Coroner's Court and waiting rooms attached, is most urgently needed. It is frequently expedient to remove the bodies of persons, in all ranks, who are found dying or dead amongst strangers, or die suddenly whilst staying at hotels, or in lodgings. I find that the number of deaths under the above circumstances, and from accidents in the street and on Railway works is not inconsiderable. The friends and relations of deceased persons naturally object to their removal, whilst waiting for interment, to the common parochial Dead House, managed by the pauper inmates of the Workhouse. It is not a suitable place to take such persons to, nor can we reasonably expect that those who are removed from pauperism, should willingly use a place destined only for paupers.

It has always been to me a matter of astonishment that Vestries and their Burial Boards cannot be made to see a desideratum here alluded to, and when we consider

the innumerable laws and bye-laws relating to the burial of the dead entrusted to them to carry out, they ought to have insisted upon a public Mortuary Chapel being erected in every large Parish for the reception of the dead during the interval between death and burial.

The population of the parish of Islington (the largest in the Central District), amounts to a quarter of a million persons ; and with the constant addition of new streets the inhabitants are still increasing.

For the last three years the average number of inquests has been 300, none of which, I am glad to say, have been held in public houses. The public Mortuary and Coroner's Court Room in the elosed burying ground of the Chapel of Ease are in charge of a proper Custodian, and they are placed at the service of the Coroner and his Jury by the Islington Vestry. All enquiries connected with the eases sent to the Coroner are entrusted to an independent and experienced officer.

In Clerkenwell, the number of inquests held within the last year, was 126 being in the proportion of about 1 in every 400 of the population. All these inquests were held at the Public Mortuary. The usefulness of this Institution, and how much it has been appreeiated by relatives or friends of deeeased persons, is best proved by the faet that within two years 555 bodics have been removed from the overcrowded rooms and squalid homes of the poor, and

placed in charge of the recognized keeper of the Mortuary, Disinfecting room, etc. These buildings, unlike many Parish Dead-houses, have nothing repulsive about them ; and I would offer a suggestion how they might be still further utilised for the benefit of the people. It appears to me, that it would be far preferable for the relatives and friends to assemble in, and the funeral to start from, the comfortable waiting room (which is warmed in winter) attached to the Mortuary, instead of, as is frequently the case, from some close and ill-ventilated room, or worse still, from the tap-room of a public house. The danger arising from a crowd of people meeting in a small room, in which, perhaps, a fever-stricken person has died, is not the only evil in such cases, for unfortunately it is true that "tavern" funerals do occasionally result in mourners of the morning becoming inmates of police-cells in the evening.

In the parishes of St. Giles', and of St. Andrew's, Holborn, the number of inquests in the year 1875 was 157, out of a computed population of 87,409, which in these districts does not appear to increase.

The large number of registered, or common lodging houses in this district, invites the lowest, dirtiest, criminal, and peculiar classes of persons, who make them a general rendezvous. Numbers of people of both sexes congregate in these buildings, in the most abject state of poverty, neglect, and destitution. These unfortunate creatures, perishing slowly, but surely, from

starvation, drink, and disease, in many cases swarming with vermin, are too often found dead or dying in the streets, and removed by the police to the station, to a hospital, or the workhouse, and so become the subject of a Coroner's inquiry.

The parish of St. Giles' is sadly in need of proper accommodation for Coroner and Coroner's juries. The parish dead house is most inconveniently placed for a jury to view a corpse. All this, however, will shortly be remedied, by the new and more convenient buildings now in course of erection.

In the more westerly parish of Marylebone inquests have not increased in number for several years, nor has the population varied to any extent within the last 20 years. Wealthy families formerly resident, now live in the suburbs, leaving at night their premises to the care of managers or house porters, and this, in a great measure, in spite of the natural increase of buildings in London, may account for the stationary state of the population in this particular district.

The want of a suitable place for holding inquests is felt more in Marylebone than in any other of my districts. Complaints of Jurymen having to meet at a public tavern, have not escaped the attention of the Vestry, and their Medical Officer of Health, as well as members of the Board of Guardians. The latter very naturally observe that a provision for the Coroner and his Jury is not a matter which falls properly within

their legitimate duties. The Vestry, on the other hand, have difficulties to contend with, and have not yet been able to establish a Coroner's Court.

Feeling strongly the connexion there is between Coroner's work, and the local, sanitary, and poor-law administration, I applied to the Vestry for the service of their constables, and I have great pleasure in acknowledging the able and satisfactory manner in which they perform their duties.

In Paddington, I have established a Coroner's Court. The services of a police officer have also been placed at my disposal for Coroner's work. The number of inquests held in this parish last year was 148, being 1 in every 776 of the population. St. Mary's Hospital being in this district, the death-rate from accidents or violence is naturally greater in proportion than in many others. A proper public Mortuary has long been wanting in this rich parish.

ON

THE OFFICE AND DUTIES OF CORONER,

WITH SUGGESTIONS FOR

Parliamentary Inquiry, Proposed Legislation, and
Reform of the Office.

No. 2.—Supplementary Reports.

1. On Alleged Unnecessary and Improper Inquests.
2. On Inquiries into Deaths in Public Institutions of the Country.
3. On Inquiries into Deaths at Sea.

BY

WILLIAM HARDWICKE, M.D.,

Coroner for Central Middlesex.

Published at the

CORONER'S OFFICE,
FULHAM PLACE,
PADDINGTON. W

CONTENTS.

	Page.
The Quinquennial Revision of Coroners' Salaries; refusal of Middlesex Magistrates to increase	3
Appeal of Sir W. Bodkin against the attempt to withhold payments to Coroners	5
Proposed Reforms of Coroners' Laws by the Middlesex Magistrates.....	6
Tampering with Coroners' Duties	7
Safeguards for life needful	7
Efficient Records of all causes of Death are needed for Civil Registration ..	9
Inquests on Deaths in Workhouse Infirmaries and Public Institutions.....	9
Reasons for further Extension of Inquiry	12
A Clause for the New Coroners' Bill	13
Deaths from Preventible Diseases should be Publicly Inquired into	14
Inquests on Deaths from Violence and Disasters that occur at Sea	15

NO. 2.—SUPPLEMENTARY REPORTS.

1. *Alleged Unnecessary Inquests and Expenses.*

When the last quinquennial period arrived in 1876 for the increase of Coroners' Salary, in accordance with the number of Inquests held during the previous five years, the clause in the Act which was intended to provide adequate remuneration for Coroners, in the event of additional labour thrown upon them by increased number of Inquests, was frustrated in its operation by a resolution of the Middlesex Magistrates:—

“That in their opinion the County Coroners were already amply paid, and that the greater number of Inquests held were unnecessary and improper.”

It might have been fairly expected that, in a district where the population is rapidly increasing, his salary and expenses would naturally increase, and such a result was anticipated, and it was intended to be provided for in the Act of 1860, being expressed in the discussion upon the Bill—

“That it was intended rather to stimulate the vigilance of Coroners than to relax their attention and devotion to the performance of their duties.”

I cannot but feel that a grave and unsubstantiated charge, as well as serious injustice and pecuniary loss,

have been inflicted upon me and other Coroners, by the body of sitting Magistrates. The statement, moreover, is calculated to mislead the Home Secretary, upon whom the duty is cast of considering Appeals under Clause IV. of the Act:—

*“ Provided always that in case any such Justices, and
 “ any such County Coroner as aforesaid, shall be unable to agree
 “ as to the amount of the Salary to be paid to such Coroner, it
 “ shall be lawful for Her Majesty’s Principal Secretary of
 “ State for the Home Department, and he is required, upon the
 “ application of such Coroner, to fix and determine such Salary,
 “ having regard to such average as aforesaid, also the average
 “ number of Inquests held by any such Coroner in the preceding
 “ five years as aforesaid, and also to the special circumstances of
 “ each case, and the general scale of Salaries of County
 “ Coroners.”*

As it is not supported by any legal and trustworthy evidence, it would have been, at least, more courteous to have pointed out the alleged unnecessary Inquests, and to have offered the opportunity to the Middlesex Coroners, and myself amongst the number, of refuting them. Meanwhile, acting under counsel, and as one of the latest Coroners appointed, I wait patiently, and in confidence that justice will still be done, either by the present Home Secretary, or in Parliament, by considering this question of our claims of arrears and other matters relating to the office.

Having now for six years acted as Coroner, and as Deputy for a much longer period, I assert my determination to obey the law strictly, without fear or favor

feeling satisfied that, without violation of public duty, the annual number of Inquests in my large District cannot be reduced, but must rather increase, although (as is shown by my Reports) the proportion has been reduced in relation to the gross population.

About 27 years ago a special Report was made by the Middlesex Magistrates as to the duties and remuneration of Coroners, and the following injudicious resolution was then adopted, viz. :—

“That no Inquest ought to be held except where the Coroner had reasonable grounds for suspecting that death had been occasioned, or at least had reason for doubting whether or not it may or may not have been occasioned, by some criminal act or omission.”

Acting upon this view, several Magistrates holding these opinions attempted to disallow expenses in a large number of Inquests, but an Appeal against this proceeding was undertaken by the late Sir William Bodkin, on behalf of the Coroners, and the attempt to withhold payment for Inquests then failed.

I had not long been in office when Captain Morley, acting as Chairman of the Court in the absence of the Marquis of Salisbury, in a reply to a letter from the Home Secretary on the subject of Coroners' Salaries, said, “He had reason to believe the greater number of Inquests were unnecessary and improper ;” and, whilst acting as Chairman of the Financial Committee, he said, “He could not help feeling that it was a great

injustice to ratepayers to pay such large sums to Coroners," and, with regard to my expenses, "Although Dr. Hardwicke had had 11 Inquests less than Mr. Humphreys, yet his expenses were £83 11s. more, and every Member of the Court would agree that such disparity ought not to exist." These are hostile and ungenerous statements towards County Coroners. The disparity of expenses,* and, I need scarcely say, the charges of holding unnecessary Inquests, admit of ready refutation on my part, if the opportunity be afforded me.

Captain Morley, and other Magistrates, hold peculiar views on the reform of the duties and office of Coroner. At a Deputation, the Home Secretary was asked to take action in the matter, and legislate as may be required for altering the existing state of the law on the subject. Briefly, they proposed :—

1. That a Coroner should be a Legal Officer.
2. That he should be appointed by the Crown.
3. That he should have a Fixed Salary.
4. That Magistrates should have power to Disallow his Expenses.
5. That Coroners' proceedings should be initiated by the Police.

* Mr. Humphreys holds a large number of Inquests at the London Hospital, Whitechapel, in a highly populated district of docks, large warehouses, and shipping, where a great many burns and fatal accidents occur, and where Hospital Medical Officers are required to give evidence without fees, under a Clause of the Medical Witness Act.

If these views are to prevail, we can foresee what will probably again occur. The most shameful atrocities were committed 20 years ago, in districts where a tampering with the Coroner's Court had been permitted. In Staffordshire, orders were given to Coroners' Constables that no notices should be issued for Inquests unless blame, or neglect, or crime, was suspected, and Coroners have been repeatedly threatened that, if Inquests were held on other kinds of cases, their fees would be disallowed. It was under such regulations that Palmer's systematic poisoning, and the arsenic poisoning cases in Essex and Norfolk, occurred. At that time Sir James Graham said he feared such results were owing to the undue interference with the office of Coroner.

Now, more than ever, are safeguards for life needful. The artful use and abuse of Chloral, of Anodynes, Anæsthetics, and subtle poisons, and the many forms of deaths promoted by Alcoholic poisoning, as well as those from violence, accident, and neglect, demand a closer investigation than ever. Considering also the great increase of life assurance in children at tender ages, it is far from politic to discourage the local Registrars and Medical Practitioners from sending information of deaths under circumstances of obscurity, which they so frequently meet with ; and where, under doubtful conditions, they ought not to be expected to certify the cause of death, and so procure registra-

tion and burial. I have found that anonymous and confidential communications frequently originate inquiries of great public importance, and I meet with many instances where great complaints are made when no inquiry has taken place. Other cases where neglect and foul play are alleged, and even criminal proceedings threatened against innocent persons, show the importance of an Inquest which has been manifest only when the sworn or legal evidence taken before the Coroner was referred to ; the true facts set at rest all further action and doubts on the part of disaffected relatives.

It was distinctly declared in the Report of the Parliamentary Committee on the Coroners' Salaries Bill, in 1860, that "it was far better to have occasionally an unnecessary Inquest than give the chance of crime being committed."

A Coroner, or an Officer called by any other name, to be of any real service in his district, must rather hold too many than too few Inquiries. He must exhibit some zeal in his work, and cease trying to make things come pleasant for everybody by listening to sentimental feelings against the inquiry he proposes to hold. Whether it be a public or private inquiry, I may venture to say that there must be a wider margin for the exercise of the functions of such an Officer than Justices at Quarter Sessions are disposed to concede.

The question of holding unnecessary Inquests and the definition of cases proper for inquiry ought certainly to be thoroughly investigated before a Select Committee appointed to consider a Coroners' Bill, and I hope the present Secretary of State will take the opinion of those Statesmen who can appreciate the importance of an efficient Record of the causes of all deaths, and of remedying some imperfections of our system of civil registration of death, before he commits himself to the disastrous policy of limiting a Coroner's inquiry in the way proposed by the Middlesex Justices, viz., to those cases only where blame or neglect is alleged.

2. Deaths in Public Institutions.

I have always insisted upon the necessity of holding inquiries upon a large proportion of the deaths occurring in Public Institutions.

In 1871 there appeared, from the Census, that about 266,038 persons were more or less under restraint and deprived of their civil liberty in England and Wales.

58,640	were inmates of	Lunatic Asylums.
19,585	„ „	Hospitals.
148,291	„ „	Workhouses.
28,756	„ „	Prisons.
4,368	„ „	Reformatories.
5,798	„ „	Industrial Schools.

As the population of these institutions is constantly changing, it represents but a part of the actual number of persons existing in a dependent, helpless, or suffering condition.

During the quarter ending Christmas, 1878, 6,807 deaths occurred in the Public Institutions of 20 large towns. In Wolverhampton alone it was 19·2, or nearly one-fifth of the total deaths.

From 17 to 20 per cent. of the mortality, or 40,000 persons, pass the latter portion of their lives in Work-houses and other charitable Institutions, a large number of whom have been respectable well-to-do people, fallen into poverty from no special fault of their own, and have often outlived friends and relatives.

The manner in which the honest poor, when they become infirm and aged, are classified and treated calls for comment, and, if possible, improvement. They are too often placed on the same level as the criminal, profligate, and drunken, and their last refuge, the Work-house, for many reasons, appears to them as bad as a Prison. These *non-criminal* poor are made to feel far more acutely than is necessary the misery of such a position. In the central districts of London I meet with many deserving cases where much more might be devised than is done to soothe, instead of embittering, the declining years of the sober and honest poor.

It is a statutory law, enforcing as a duty and responsibility of the State, that Coroners shall look after

the deaths of prisoners and lunatics, and it is equally necessary that some similar regard should be displayed towards others who are deprived of their liberty from misfortune or any other causes.

I would not venture to impugn the conduct of any individual, either Medical Officer, Relieving Officer, Master or Matron of any Institution in particular, but I say that the abuse of arbitrary power requires to be checked by constant supervision, and accessibility by the public. My experience in Coroner's work for the last few years in Public Institutions of my district, under parochial management, compels me to say that the questions of diet and regimen, the use and distribution of stimulants, the employment of proper nurses, and night attendance, are all matters capable of great amelioration. In providing necessary comforts for the sick and incurable, in the rearing and management of infants, especially those of unmarried mothers, and young children, the medical, dietetic, and other arrangements are far from efficient.

A few months after I entered upon office a good deal of criticism was provoked with respect to the proportion of Inquests held upon deaths occurring in the metropolitan Workhouses. Much of this disproportion depends upon the disposition of the medical officers attached to these Public Institutions.

It appeared then, and it is much the same now, that a larger proportion of Inquests are held in St.

Paneras and Whitechapel Workhouses than in any others of the metropolis, the *per centage of* inquests being in these cases 16·2, and 11 per cent. respectively; whilst in Marylebone it was only 8 in 508, or rather less than 1 per cent. ; in Paddington, 4 in 164, or less than $2\frac{1}{2}$ per cent. ; in Kensington, 1 in 21, or less than 5 per cent. In 12 other parishes they were only $2\frac{1}{4}$ per cent. of the total deaths. In some of these parishes, either the Inquests held were too few, or in others too many, or the per centage could not have shown so surprising a difference.

In only some of the Workhouses are notices given to the Coroner of unexpected or sudden deaths, or deaths occurring shortly after admission. Cases occur where death has been accelerated by improper mode of removal, others escape notice, where there are marks of violence or injury under circumstances of suspicion. Under *all conditions* full particulars of the mode of death should be *sent to* the Coroner of the district, and his authority should sanction the formal certificate and registration, either with or without due enquiry into the case.

A form, which I suggest should be filled up, ought to contain the following particulars. Age, occupation, how long admitted, how brought in, if insensible when so brought in, what friends (if any) are known, nature of illness, date of death, if visited by friends, and if suffering from any injury, or from cold, destitution, or exposure.

In reporting these cases to the Coroner, the Medical Officer should state whether he believes a *Post-mortem* examination to be necessary. Such examination naturally causes inconvenience and delay to the relatives who are anxious for the removal and interment of the corpse.

The following clause, formulated by a Legal Coroner, is proposed to be inserted in the Government measure, now before the House of Commons.

“In the event of the death of any person in any
 “Asylum or in any place used for the reception of any
 “person of unsound mind, or of alleged unsound mind,
 “or in any Reformatory, Orphanage, Hospital, or Poor-
 “house, the Superintendent of such Asylum, Reforma-
 “tory, or Orphanage, the Keeper of such place, the
 “House Surgeon of such Hospital, or the Master of
 “such Poor-house, as the case may be, shall transmit
 “to the Coroner of the County or Borough in which
 “such Asylum, Place, Reformatory, Orphanage, Hos-
 “pital, or Poor-house be situate, within 24 hours of the
 “said death, a statement of the circumstances attending
 “the death of such person, and the nature of the
 “disease from which such death resulted, and such
 “Coroner, after receiving such statement, shall, if he
 “may deem it desirable so to do, summon a Jury to
 “enquire into the circumstances of such death.”

“Any Superintendent, Keeper, House Surgeon, or
 “Master who shall make default in complying with

“the requisitions of this Section, shall be guilty of a
“misdemeanor.”

The supervision of deaths by a Coroner and Jury is more needed in our Workhouses, Infirmaries, Reformatory and Industrial Schools, Orphanages, Infant Nurseries, and Conventual establishments, than in the private and public Lunatic Asylums, or Prisons, where, by statutory law, he now exercises his prerogative.

It is really in an extension of the work of Coroners in this direction that the Local Boards will find safe material for future social amelioration. Through the medium of the Coroner's Court the Authorities can advantageously probe into social ulcers; here, too, the public come into contact with infanticide and baby-farming cases, and see also the extent and result of semi-starvation, with the attendant evils of degradation and miseries following the drink-craving propensities. It is the Coroner and Jury who come into relation with the overcrowding and dismal abodes of squalor and neglect that exist in close proximity to, or alongside of, the mansions of the wealthy, in cities of this our age of boasted civilization.

I may further add that it is by the deliberate and systematic enquiry of the Coroners, in the way suggested, that the shameful amount of mortality arising from the *neglected sanitation* of this country will obtain a full and public investigation. The ravages of preventible, epidemic, and infectious maladies parti-

cularly, should be publicly inquired into by District Coroners, and by whose neglect these diseases destroy life. It is the only way of bringing home to the public mind the dangers arising from contagion and neglected isolation of infectious maladies. Until this is done systematically, the important labours of Sanitary Officers cannot be fully appreciated, nor will their suggestions be promptly attended to, or carried out by the local authorities.

3. *Inquests on Certain Deaths at Sea.*

The numerous deaths, also, which occur at sea, have a special claim for investigation by a Coroner. Before the seamen, who are chief witnesses, are paid off and dismissed at seaports, a public inquiry and record should be made as to the manner in which certain deaths have been brought about on board ship, whether blame or negligence is to be attributed to any person or thing, particularly those deaths arising from preventible or unnatural causes, or alleged accidents, or violence, or shipwreck.

The attention of the Secretary of State and President of the Board of Trade might with advantage be called to the causes of a higher death-rate than natural amongst those engaged in the merchant service and shipping. The suggestions I make would have many practical bearings upon the numerous and shameful disasters at sea. Many precautions and suggestions

might be made, and would be readily attended to by masters and shipowners who now neglect them, particularly when they found a Jury of practical men were called to watch over the interests of those in their service. They would doubtless point out blame and neglect in various ways far from uncommon, although it is at present no one's duty to investigate such cases. It is impossible for Legislation and Inspection alone to go into every minute detail and provide remedies for evils under varied conditions; and it is not wise to remove or weaken the responsibility of those who have the welfare of others committed to their charge. Individual efforts and personal responsibility are sometimes weakened, rather than strengthened, by attempts to meet all possible difficulties by legislation.

ON

THE OFFICE AND DUTIES OF CORONER,

WITH SUGGESTIONS FOR

Parliamentary Inquiry, Proposed Legislation, and
Reform of the Office.

No. 3.—Supplementary Reports.

- a. Civil Registrations of Deaths.
- b. Uncertified Deaths and Burial Orders.
- c. Misuse of Medical Certificates.

BY

WILLIAM HARDWICKE, M.D.,

Coroner for Central Middlesex.

Published at the

CORONER'S OFFICE,

FULHAM PLACE,

PADDINGTON, W.

ON THE OFFICE AND DUTIES OF CORONER.

The following Supplementary Reports are in course of publication, and may be had of the Author:—

On Alleged Unnecessary and Improper Inquests and Expenses of Coroners in England and Wales. Inquiries into Deaths in Public Institutions of this Country. Inquests on Deaths at Sea. Report No. 2.

The Civil Registration of Deaths. Uncertificated Deaths and Burial Orders. Misuse of Medical Certificates. Report No. 3.

Reforms of the Coroners' Court, and the proposed Legislation for a Coroners' Bill. Report No. 4.

Medical Witnesses, Pathological Experts, and Analysts, and on *Post-mortem* Examinations for the Coroners' Courts. Report No. 5.

IN THE PRESS.

On the Treatment and Removal of Persons found Intoxicated, or Dying, and in an Injured and Insensible State. Inquests on Deaths caused or accelerated by Drinking Habits, and on the Treatment of Habitual Drunkards and Incbriates. In the Press.

Inquests on Deaths Accelerated by Insufficient Food, Starvation, Exposure, and Sanitary Neglect. In the Press.

Inquests on Deaths in Her Majesty's Prisons.

NO. 3.—SUPPLEMENTARY REPORTS.

Registration of Deaths, Uncertified Deaths, and the Misuse of Medical Certificates.

The functions of Coroners became very materially affected by two Acts of Parliament which came into operation about the same time. By the Medical Witness Act (1836) all qualified Medical Witnesses could claim fees for attendance at Inquests before the Coroner, and for *post-mortem* examinations, and therefore they became more interested in communicating all the facts connected with sudden and obscure deaths, deaths arising from neglect of medical attendance, and from violence in any form. The Registration Act (1836) operated naturally and legitimately in stimulating Registrars to make due inquiry into many forms of death where previously no interest whatever was manifested in bringing such cases before the notice of Coroners. In fact, these two Acts displaced the old weekly "Bills of Mortality," and the prudent intelligence of those who desired to preserve a record of births, deaths, and marriages for future references. The rough mode of recording deaths in cities was chiefly by the toll of the sexton's bell, and "Searchers" were called in to view the body before burial. The Protestant Church Clergy and the Parish Clerk kept

the only records of mortality, and Dissenters complained of being neglected. Indeed the Registration of Births, Deaths, and Marriages Act was originally promoted more to remedy defects in the interest of Dissenters than for the purpose of presenting satisfactory legal evidence, or results which a scheme of national registration, and statistical records of the causes of death for public reference, ought to efficiently accomplish.*

There was a grave omission in the first Act. It contained no provision for registering any scientific evidence of the cause of death, although the form of schedule issued by the Registrars, on which the father or mother, or some person present at the death, or the occupier of the house, was required to give particulars to the Registrar (according to the best of their knowledge or belief), had a space for the voluntary statement of the cause of death. It was entirely through an act of courtesy on the part of the medical profession of this country that the causes of death were known with sufficient accuracy to base the calculations of the English Life Tables upon, and to obtain the splendid results which, during forty years, have made the able reports of Dr. Farr the admiration of statisticians throughout the world, and have placed the science of vital statistics upon a solid basis.

* The form which private registrations took, and which was received in Courts of Law, was the well-known family Bible, the ample fly sheet and broad margin of which left sufficient space for succeeding heads of families to record in chronological order the births, deaths, and marriages of their relatives.

Even six years ago (1874) the Registration Acts, 37 & 38 Vic., c. 88, were but imperfectly amended. Section 20 *requests* that duly qualified and registered medical practitioners shall sign and give information (to the best of their knowledge and belief) of the cause of death. There is a vague legal compulsion (Sec. 39) for them to do this only in the cases of deaths of persons whom they have medically attended. There is also a penalty of 40s. against the person required by the Act to register the information of the death, if he or she fail to deliver a medical certificate and the name of the certifying registered practitioner. But, if a person dies without medical attendance, as remarked by a correspondent in the *Times*, “unless some scandal has arisen to excite suspicion, no skilled evidence is required for the purpose of registration.”

In my Report refuting charges made by Middlesex magistrates of holding unnecessary inquests, the following remarks occur:—

“Now, more than ever, are safeguards for life needful. The artful use and abuse of Chloral, of Anodynes, Anæsthetics, and subtle poisons, and the many forms of deaths promoted by Alcoholic poisoning, as well as those from violence, accident, and neglect, demand a closer investigation than ever. Considering also the great increase of life assurance in children at tender ages, it is far from politic to discourage the local Registrars and Medical Practitioners from sending information of deaths under circumstances of obscurity, which they so frequently meet with; and where, under doubtful conditions, they ought not to be expected to certify the cause of death, and so procure registration and burial.”

In the last Registration Act it was clearly intended, and is now generally believed by the public, that a proper registration of death, with the cause of it medically certified, or the Coroner's certificate and order for burial, should be a preliminary condition for obtaining the necessary burial order from the Registrar for the interment of the dead. But the superintendent of a metropolitan cemetery informed one of my Officers that it is not unfrequent for undertakers to present no burial order at the time of interment. A promise is given to forward one afterwards.

Without much more vigilance in regard to efficient registration of death, nothing is easier now than to procure burial orders under circumstances of grave suspicion. "It is evident," says Dr. Farr, "that, if the body can be interred before the inquiry, it will open a door to crime, by rendering detection difficult, if not impossible." The Stanton case and numerous others that come before me are illustrations of this.

In any advanced state of civilisation a perfect system of registration should insist upon verification as to the nature of a death, whether from natural or other causes, by the actual medical attendant who saw the deceased during life, or an investigation by a Coroner immediately after death. The necessity for every case going before a Jury would be avoided by some slight modification of a Coroner's duty.

The preliminary inquiry of the Medical Officer of Health of Districts has been suggested to assist or

supersede the Coroner, but no such course would secure public confidence, unless the Medical Officers of Health proceed under Coroners' orders in making these preliminary inquiries or *post-mortem* examinations, or acted as Deputy-Coroners. No Medical Officer of Health or Coroner *per se* could be safely entrusted in granting a certificate in these non-medically attended deaths whose inquiries were in *camera*. It must be upon sworn evidence, either in a open public Court or before a Jury ; and in many, indeed if not in all such cases, after a *post-mortem* examination.

Speaking as a Medical Coroner, I see great dangers lurking under all the *uncertified* forms of death. There is, indeed, a greater requirement for investigation and strict medical evidence when the element of non-medical attendance comes into play.

It cannot be disputed that public policy demands an alteration of the law with regard to inquiry into all *uncertified deaths*, and it is to be hoped that this question of insisting upon either an Authentic Registration, including *medical evidence* of the cause of death, in all cases, or *Inquiry by Coroners* in other cases, will be definitely settled by the present Secretary of State, and especially when a new Coroners' Bill is brought before the Houses of Parliament.

The London Vestries have recently expressed surprise at the large number of uncommunicated deaths occurring in some other districts. They seem not to be aware that it was common to register a death without

any medical certificate, especially where there was no qualified and registered medical attendance. It is entirely optional with Registrars whether the case is officially inquired into or not. Their duty is to register and give the order for burial. Whatever other course they may take is uncertain, and the practice with Registrars varies. Very few cases besides those from accident, violence, or sudden deaths are referred to the Coroner of the district.

Medical attendance upon all classes in this country is far better provided for than in any other European State. Besides Private Medical aid, the Hospital, Dispensary, Club Doctor, or Poor Law Assistance, is always at hand. There is but little excuse for neglect. This was not *always* so. Of late, owing to the fear of inquiries held at the Coroners' Courts proving culpability and neglect, where no medical attendance is provided, the poor in my district get better attended to, infants more cared for, and medical aid more promptly obtained.

Uncertificated Deaths.

Uncertified deaths, or those cases which show no evidence of medical attendance previous to death, were at no very remote period 17 *per cent.* of the total number of deaths; whilst in one year 30,000, and last year 24,743 deaths, were registered without any scientific evidence of the cause of death.*

* Reports on the Office and Duties of Coroner, 1878.

Two years ago (1878)† I fully investigated this matter. Inquests in the metropolis were held in 6.6 per cent. of deaths ; 8.3 per cent. in Nottingham ; 9.1 in Birmingham ; 8.5 in Manchester — cities where uncertified deaths are more looked into than in other large towns. In my district (the North London, or Central Middlesex), with more than one million population, the deaths *uncertified* are reduced to a minimum of $\frac{1}{2}$ per cent., or only 52 deaths per 10,000 were uncertified ; in South London the same number of deaths showed 206 deaths uncertified. In the whole metropolis, 1,177 deaths obtained registration without any certified or scientific evidence at all. And in the last quarter of the same year in England and Wales, 6,908 deaths obtained registration without medical cause of death being assigned to them.

These illustrations, it is true, are chiefly in provincial districts where Coroners do not either take the trouble, or consider it beyond their duty, to inquire about them, but in large cities such a practice would render human life unsafe.

No doubt many of these *uncertified* deaths are extremely sudden and unexpected, which is therefore a reason for Coroner's inquiry ; or, again, of persons found dying without any medical attendant, or attended by an unqualified medical practitioner, or some ignorant

†7.2 per cent. in Derbyshire.	11.3	„	Cornwall.
8.3 „ Westmoreland and	12.4	„	South Wales.
Durham.	12.7	„	Hertfordshire.
9.1 „ Cumberland.	14.2	„	North Wales.

In Durham 71 out of 361 were neither certified by a medical practitioner or by the Coroner. The Registrar General remarks that "it appears to call for some investigation."

quack, who profits by the ignorance and indifference of those who employ him. Such matters do not pass my notice. I consider there is reasonable ground for the Coroner to inquire whether in such cases the legal responsibility does not attach to some one in charge of old persons and young children. The cases of alleged neglect of Medical attendance brought before me fully warrant the course taken officially.

Misuse of Medical Certificates.

It is highly complimentary to the honesty and integrity of the medical profession in England that they are trusted to sign medical certificates in the large proportion of cases dying under their treatment. In France, Belgium, and Denmark, *Verificateurs*, or *Medicins des Morts*, are appointed to act either privately or in conjunction with the medical attendant of a deceased person. There happen, however, obscure deaths under circumstances where private inquiry, like the one abroad, or that of the Procurators' Fiscal, in Scotland, fails to give the same satisfaction to interested relatives as an open English Coroner's Court.

Medical men entertain very opposite views regarding the practice of giving certificates of the cause of death, more particularly of sudden death. They should make it a general rule to refuse to sign any certificate of the cause of death, in order to procure a burial order, unless they have previously been in actual medical attendance, or have been called in a sufficient time before death to enable them to obtain a knowledge

of the disease that has destroyed life. It is unwise to certify to a death when called in just as the patient is *in articulo mortis*, or in a state of coma, or insensibility, without known cause. I meet with instances where the medical certificate is very properly refused in such cases. But, on the other hand, I find also instances, where the certificate has been incautiously granted in sudden and unexpected deaths, with very limited knowledge of the circumstances of the patient. He may have been seen once, or not have been recently visited for many days or weeks, and, in some instances, the body is not even seen until after death. It is not uncommon for registered qualified medical practitioners to sign the certificate of death for non-qualified or non-registered medical men acting as their assistants. The certificate being given on half-a-sheet of note paper, using Latin words to cover the cause of death.

This loose way of giving certificates appears to meet with encouragement from the forms of Registrars allowing to be inserted "As I am informed," or "To the best of my belief," in the body of the certificate. Friends or relatives strongly press medical men for a certificate of death, simply to avoid an inquest. It is this questionable or informal kind of certificate, given to avoid the Coroner's inquiry, which it too frequently is intended to frustrate, that causes delay and much unpleasant dispute as to the propriety of a Coroner's inquest, as in the Inquest upon Sir Charles Lyell in 1875. It is highly impolitic, although it has become a practice

of late in some of the higher ranks of society, for medical men to make a *post-mortem* examination at the suggestion of friends, simply to prevent Coroner's inquiry, or to explain the cause of a sudden death.

Some amendment of the system of medical certificates is quite necessary. There should be only one uniform stamped certificate supplied by Registrars, and signed by duly authorised medical registered practitioners. It should be a misdemeanour, with penalty attached, for other persons to sign such a document. Indeed, it is perfectly reasonable to receive all kind of evidence of death on sworn authority only. Half the transactions now required to be protected by oath or affirmation are less necessary than this, where human life is concerned.

It cannot be too generally known that Inquests on persons dying suddenly or unexpectedly, as well as from accident, injury, or violence, are required by law, in order that surviving friends shall have every opportunity of asking questions, or of clearing up doubt and rumours of a suspicious nature that might attach blame or affect innocent persons, especially as to the treatment of old people, or where the death occurs among strangers. I have known people take possession of property, and undertake burial, sometimes on very questionable authority. All this should be done under official observation of the Coroner or his Deputy, inasmuch as it concerns the protection of vital interests, and the happiness of all classes of society.

ON

THE OFFICE AND DUTIES OF CORONER,

WITH SUGGESTIONS FOR

Parliamentary Inquiry, Proposed Legislation, and
Reform of the Office.

No. 5 Report for the Year 1879,
with Supplementary Reports.

- Public Mortuaries.
- Post-Mortem Examinations, Pathological
Experts, and Analysts.

BY

WILLIAM HARDWICKE, M.D.,

Coroner for Central Middlesex.

Published at the

CORONER'S OFFICE,
FULHAM PLACE,
PADDINGTON, W.

CONTENTS OF No. 5.

	PAGE
Introductory	1
Table I.—Inquests on Deaths in Parishes of Central Middlesex in 1879	3
Table II.—Inquests on Deaths from Natural Causes, and from Deaths accelerated by Drink, &c., and from Suicide, Homicide, Accident, and Violence, during the last five years, in the Central District of Middlesex	4
Table III.—Ages of Infants, Illegitimate and Legitimate Children, and Children under 16 years of age, upon which Inquests were held during five years ending 1879	5
Table IV.—Inquests on Deaths from Natural Causes in the Year 1879	6
Table V.—Inquests on Deaths from Accidental Causes, Injuries, Cause Unknown and Found Dead, in the Year 1879	7
Table VI.—Ages of Persons at Death, on which Inquests were held in the following class of cases :—1. Deaths caused or accelerated by Exposure, Neglect and Starvation. 2. Deaths caused or accelerated by Drinking habits. 3. Deaths from Infanticide, Homicide, Wilful Murder, and Manslaughter	8

SUPPLEMENTARY REPORTS.

a. Public Mortuaries	...
b. Post-Mortem Examinations.—Medical Experts in Pathology and Analysts	...

REPORT No. 5.



During the year 1879 Inquests were held upon 1,598 persons in the District of Central Middlesex. This large area now comprises more than a million inhabitants, and embraces eight of the largest parishes of the metropolis, each having a population equal to the principal Cities of the Kingdom.

The following is the decennial increase of the population at the period of the Census :—

1851.	1861.	1871.	1881.
664,827.	804,960.	956,453.	Estimated at 1,057,591.

Annual number of Inquests in the last six years.

1873.	1874.	1875.	1876.	1877.	1878.	1879.
1,641	1,552	1,603	1,461	1,233	1,323	1,598
EXPENSES.						
Annual	5,471 5 6	5,092 19 2	4,875 11 9	5,227 11 3	5,805 4 0	
Each Year	3 8 3	3 9 8½	3 13 3½	3 11 9½	3 8 11	

Besides these Inquests duly held, a large number of other cases were referred to me, and have, after due inquiry, been refused. It is only right to mention this,

because this refusal of doubtful cases is a great saving of expense to the county; this, however, entails upon me much personal trouble and official correspondence—before forming a decision—yet no remuneration is provided either for myself or the officers charged with investigating and reporting such cases. The Schedule of the Magistrates relates only to the expenses and fees allowed in other cases of Inquests *actually held*.

The proportion of Inquests to the total deaths in the whole district is about 5 per cent. The average annual number of Inquests during 5 years is 1,488, showing a slight decrease on the previous average, and doubtless owing to the careful preliminary inquiry before mentioned, disposing of more than 100 cases annually.

The following Tables, I. to VI., give an analysis of the nature of the cases in each parish under distinct heads, as well as the ages and causes of death.

The Supplementary Reports herewith appended, (1) on Public Mortuaries, (2) on Post-mortem Examinations, Experts and Analysts for Coroners Courts, as well as the others in former Reports, and in course of publication, are intended to be read by those who take an interest in the contemplated reforms and legislation on Coroners' Office and Duties, with a view to a regeneration of this ancient and most useful Institution.

PARISHES.	Population in 1851.	Population in 1861.	Population in 1871.	Probable increase of population in 1881.	Deaths from Natural Causes.	Deaths from Acciden- tal Causes.	Deaths from Homicide, Infanticide, and Man- slaughter.	Deaths accelerated by Drinking habits.	Deaths accelerated by Cold, Exposure, Sani- tary & Medical Neg- lect, or Starvation.	Found Dead, Injuries, Suffocation, &c, from unknown causes.	Total.
Saint Pancras.....	160,957	198,788	221,455	22,667	206	140	29	15	24	15	448
Saint Marylebone	157,696	161,680	159,254	Nil.	123	87	20	15	10	7	270
Paddington ..	46,305	75,784	96,813	21,028	70	58	12	7	4	5	160
Islington	95,329	155,341	213,778	58,437	183	85	26	5	12	11	339
Clerkenwell	64,676	65,681	65,380	Nil.	68	29	8	8	8	1	122
Saint Giles and Bloomsbury	54,212	54,076	53,556		43	28	3	14	17	1	103
Saint Andrew, Holborn	18,991	32,251	33,493		25	10	5	6	5	2	53
Saint George-the-Martyr	18,813										
Liberties of Saffron Hill—the Rolls—Saint Sepulchre and Inns-of-Court, Charterhouse, &c.	16,565	16,290	12,612								
Hampstead.....	11,896	19,106	32,281	13,175	26	6	3	2	1	3	47
Hendon	3,333	4,544	6,972	8	8	11	0	1	1	1	22
Hornsey	7,135	11,082	19,357	12,248	9	8	2	1	0	0	24
Friern Barnet.....	974	3,344	4,347	1	1	1	2	0	0	0	4
Finchley	4,120	4,937	7,146	2	2	2	0	0	0	0	4
South Mims	2,825	3,238	3,571	0	0	0	1	0	0	0	2
				Males ...	431	290	88	19	42	30	
				Females.	333	170	23	26	40	16	
	664,827	806,142	930,025	1,057,591	764	460	111	45	90	46	1,598

TABLE III.

Ages of Infants, Illegitimate and Legitimate Children, and Children under 16 years of age, upon which Inquests were held during five years ending 1879.

	Infants under 1 year.		Infants from 1 year to 7.			Children from 7 years to 16.			Total Inquests under 16 years of age.
	M.	F.	M.	F.	Total under 7 years.	M.	F.	Total.	
1875 {	165	127	86	63	559	37	13	50	609
	Illegitimate.		Illegitimate.						
	61	47	6	4					
1876 {	148	130	59	68	546	25	12	37	558
	Illegitimate.		Illegitimate.						
	71	59	4	7					
1877 {	138	114	81	60	497	19	30	32	529
	Illegitimate.		Illegitimate.						
	50	46	4	4					
1878 {	151	142	85	79	565	29	7	36	601
	Illegitimate.		Illegitimate.						
	48	53	5	2					
1879 {	162	138	89	74	602	24	13	37	639
	Illegitimate.		Illegitimate.						
	60	66	7	6					

TABLE IV.

*Inquests on Deaths from Natural Causes in the
Year 1879.*

	Males.	Females.	1 Year and Under.	7 Years and above 1 Year.	Above 7 Years and under 16 Years.	16 Years and under 60 Years.	60 Years and above.	Totals.
Typhus (2), Puerperal } (2), and Scarlet } Fever (3)	3	4	1	3	3	0	0	7
Small Pox.....	0	0	0	0	0	0	0	0
Syphilitic Poisoning ...	0	2	0	1	0	1	0	2
Whooping Cough.....	2	2	2	2	0	0	0	4
Strangulated Hernia ...	1	2	0	0	0	1	2	3
Consumption	10	9	2	1	0	15	1	19
Diseases of Lungs	94	74	49	31	0	56	32	168
Diseases of Heart	135	93	2	1	2	119	104	228
Rupture, Inflammation, and Perforation } of Bowels	5	1	1	0	0	3	2	6
Wasting Diarrhoea, } and Exhaustion ...	29	19	32	9	0	4	3	48
Dropsy, Abscess, and } Cancer.....	7	6	1	1	2	6	3	13
Diseases of Liver, Kidneys, Bladder, &c. ... }	5	8	2	0	0	10	1	13
Premature Birth and } Still-born	7	8	15	0	0	0	0	15
Spasm of Glottis	40	14	39	13	1	1	0	54
Epilepsy	5	0	0	0	0	4	1	5
Apoplexy and Paralysis.	42	43	0	0	1	49	35	85
Diseases of Brain and } Convulsions	46	48	40	27	1	18	8	94
	431	333	186	89	10	287	192	764

TABLE V.

Requests on Deaths from Accidental Causes, Injuries, Cause Unknown and Found Dead, in the Year 1879.

	Males.	Females.	1 Year and under.	7 Years and above 1 Year.	Above 7 Years and under 16.	16 Years and under 60.	60 Years and above.	Totals.
Burns from Clothes taking fire	20	30	2	30	2	8	8	50
Burns from Hot Water, Coffee, Tea, etc.....	8	9	5	12	0	...	...	17
Asphyxiation at Birth and Found Dead...	17	14	27	1	2	1	...	31
Asphyxiation in Bed, at Mother's breast, and in arms	74	61	126	5	...	3	1	135
Asphyxiation from Drowning	18	4	2	1	6	12	1	22
Asphyxiation from va- rious causes	15	3	6	3	0	4	5	18
Poisoning (Accidental) ..	4	8	2	3	...	5	2	12
Injuries on Railway... ..	28	2	...	1	1	27	1	30
Injuries by Machinery...	2	1	...	...	...	3	0	3
Injuries by falling from Scaffolds, Windows, Houses, Down-stairs, etc.	50	24	2	9	2	42	19	74
Injuries by run over in Streets by Horses, Cabs, Vans, etc.....	36	10	1	8	6	21	10	46
Injuries from falling in the Streets.. ..	37	6	...	3	2	25	13	43
Injuries from various other causes	11	14	3	2	2	11	7	25
	320	186	176	78	23	162	67	506

TABLE VI.

Ages of Persons at Death on which Inquests were held in the following class of cases, viz. :—

1.—Deaths caused or accelerated by Exposure, Neglect, and Starvation.

Under 1 year.		From 1 to 5 years.		From 5 to 20.		From 20 to 40.		From 40 to 60.		From 60 upward.		Total.	
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
9	5	5	7	4	2	5	5	6	7	8	10	73	1878.
11	12	5	3	3	2	9	8	9	6	4	10	82	1879.

2.—Deaths caused or accelerated by Drinking habits.

From 5 to 20 years.		From 20 to 40.		From 40 to 60.		From 60 upward.		Totals.	
M.	F.	M.	F.	M.	F.	M.	F.		
2	...	17	11	14	27	4	5	80	1878.
0	0	21	14	25	20	2	8	90	1879.

3.—Deaths from Infanticide, Homicide, Wilful Murder, and Manslaughter.

Newly born and under 1 year.	From 1 to 5 years.	From 5 to 20 years.	From 20 to 40.	From 40 to 60.	From 60 upward.	Totals.	
43	...	1 Pistol shot.	1	...	1	46	1878.
33	2	1	5	2	2	45	1879.

1. *Public Mortuaries.*

During the last year great progress has been made in obtaining halls and places apart from taverns for holding a Coroner's Court. Islington and Clerkenwell have each a complete Mortuary and Coroner's Court attached. Fair accommodation is provided at Holborn, St. Pancras, Hampstead, and by some other local authorities; but the rich parishes of St. Marylebone, Paddington, and St. Pancras (embracing half a million population) are still without a suitable Public Mortuary and proper accommodation for Coroners and Jury.

In all the outlying parishes I have still to resort to public-houses for holding Inquests. Proper places for the reception and removal of the dead are sadly deficient at Hendon, Child's Hill, Finchley, Hornsey, Highgate, and Friern Barnet. The local authorities of these places will have to consider it part of their duties to make some better provision for the reception of the dead in their respective districts. It is obvious that a dead body, whether awaiting a Coroner's inquiry, or requiring removal soon after death from an infectious disease, or in over-crowded dwellings, should be removed, in order to protect the family or other persons living under the same roof.

The remarks I have made elsewhere* and extracts

* 1. On the Alleged Unnecessary and Improper Inquests.

2. Inquests on Deaths in Public Institutions.

from my Reports may, I hope, be again repeated and perused with advantage, viz. :—

“In these large parishes a Public Mortuary, with Coroner’s Court and waiting rooms attached, is most urgently needed. It is frequently expedient to remove the bodies of persons, in all ranks, who are found dying or dead amongst strangers, or die suddenly whilst staying at hotels, or in lodgings. I find that the number of deaths under the above circumstances, and from accidents in the street and on railway works, is not inconsiderable. The friends and relations of deceased persons naturally object to their removal, whilst waiting for interment, to the common parochial Dead-house, managed by the pauper inmates of the Workhouse. It is not a suitable place to take such persons to, nor can we reasonably expect that those who are removed from pauperism should willingly use a place destined only for paupers.

“The usefulness of these Institutions, and the manner in which they have been appreciated by relatives or friends of deceased persons, are best proved by the fact, that in Clerkenwell, within two years, 555 bodies have been removed from the overcrowded rooms and squalid homes of the poor, and placed in charge of the keeper of the Mortuary. These buildings, unlike many Parish Dead-houses, have nothing repulsive about them ; and I have a belief that they might be still further utilised for the benefit of the people. It appears to me that it would be far preferable for the relatives and friends of deceased persons to assemble in, and the funeral to start from, a comfortable waiting room (which could be warmed for their reception in winter) attached to the Mortuary, instead of, as is frequently the case, from some close and ill-ventilated room, in which, perhaps, a fever-stricken person has died ; or, worse still, from the tap-room of a public house.”—*Report on the Office and Duties of Coroner in 1878.*

“The Sanitary Committee has of late been seriously occupied in attending to numerous complaints against the condition of the Dead-house. Two reports on the subject have been prepared,

and await the decision of the Vestry, on the course they will pursue with regard to Secs. 27 and 28 of the Sanitary Act of 1866. In these reports I endeavoured to show, that in order to realize what is contemplated in these Sections of the Sanitary Act, greater attention to decency and decorum must be observed than what is given in Dead-houses under the present system of parochial management; that some pretensions to architectural and ecclesiastical decorations ought to be observed in the building; and that the essential features of a public Mortuary are:—1. A reception room for bodies in a coffin or shell to await interment. 2. An adjoining, although distinct, apartment for uncoffined bodies, which in many cases have to await identification, and where post-mortem examinations have to be made. 3. A provision should be made for the Coroner to hold Inquests on bodies removed to the Public Mortuary. For these and many other details, and for those recommendations which I have made for the harmonious working of persons and interests concerned, I would refer to the report itself.”—*Quarterly Report, as Medical Officer of Health, on the Management of the Dead-house and a Public Mortuary for Paddington.*

Having alluded to the absence or imperfect accommodation of Public Mortuaries for the reception of the dead, I may further add, that in some of the places where post-mortem examinations are required, they are utterly deficient in means for conducting them. No washing place, or bowl; no warm water, or drainage, or gas; deficient of air and light; not provided with weights and scales, deodorizing liquids, or disinfectants; while the man who has charge is frequently an incompetent pauper, or a cripple.

A Post-mortem Room should be furnished with a yard measure, means for weighing the whole body, weights and scales for parts and organs, and good

microscope, means of testing the urine and blood, a graduated glass measure, a coarse sponge, an iron basin, warm water, soap and jaek towel, Condyl's liquid for disinfection or deodorizing. The place should be in a secluded spot, not overlooked, with rooms sufficiently spacious, well ventilated from below, with egress of air above and ingress below, plenty of daylight, and gas for use in winter short days, or at night, or for warming and ventilating. The slab or marble table placed in the centre of the room should slope inwardly towards the centre, with grooved side channels leading to the drain, in the middle of it. A flexible tube, with stop-cock, should reach from the water supply cistern to all parts of the room, for washing and cleaning it.

Some years ago (in Mr. Cross's time) the Home Secretary sent round to the Coroners for information respecting the Dead-house or Mortuary accommodation in their districts. Answers were requested to the following questions, viz. :—What place is there in the district for the reception of the dead? Where? Is it a fitting place? How near the centre of a district is it situated? If additional accommodation is wanted? Suggestions for site. How often used? Cost of providing? But I have not heard that any result has followed this inquiry, but the present Home Secretary must come to the same conclusion as I do, that the most shameful indifference has been displayed by those who are entrusted with the duty of providing proper places for the reception of the dead.

2. *Post-mortem Examinations.—Medical Experts in Pathology and Analysts.*

Not less than 60 per cent. of cases brought before me, as Coroner, necessitate a P.M. Examination for obtaining precise evidence of the nature of the death.

Much ill-feeling with regard to Coroners, and statements calculated to mislead the public, have been evoked by the remarks of the Middlesex magistrates as to the expenses of unnecessary post-mortem examinations. I have given great attention to this part of a Coroner's duties, and exercised extreme caution in not giving orders for P.M. examination in any case where it has appeared to me to be unnecessary. The medical witness is often the best judge of the necessity of post-mortem examinations, and should, in his report upon the case, state reasons and obtain an early order from Coroners. This precaution on the part of a medical witness has sometimes saved much delay and inconvenience to the Jury, and to friends of the deceased, by avoiding an adjournment for the examination.

A more systematic method of conducting post-mortem examinations for medico-legal purposes has been long needed in this country. In Berlin, France, and in Scotland, special regulations exist. Instances could be mentioned where very serious results in criminal charges have arisen from the absence of special knowledge and ability to decide upon complicated

evidence, or upon questions relative to the character of appearances or injuries observed on the dead body.* Hence there exists a general belief that there ought to be special pathologists and experts in analysis attached to the Coroner's Court in all large towns or districts, with whom the ordinary medical attendant of a deceased person should, as a rule, act in conjunction, and that the latter be witness only to what he knows of the patient, or his family history, or what he saw at the time of being called in at death. There are cases, too, at Workhouse Infirmaries, Prisons, Asylums, and Poor Law Institutions, where the autopsy ought not to be made by the officials, and especially where there are charges of blame, or neglect, or mismanagement; but they should be allowed to be present at the post-mortem examination of an expert pathologist and independent witness. Several of the medical men in the large parish of St. Pancras discussed these points at a Conference very recently, and the members of the Midland Medical Society, at Birmingham, have passed a resolution to the effect that the evidence of more than one ordinary medical witness should be required in all judicial cases brought before Coroners.

The Report of the Select Committee on the Coroners Bill in 1879 observes, in reference to the Scotch system of dealing with those cases which in England come under the cognizance of the Coroner, that "it becomes

* *Vide* case of Perry and of C. Shurety, both now in prison, convicted on criminal charges of murder.

important to make some improved provision for a satisfactory medical investigation in all cases in which an Inquest is or may be necessary," in England and Wales. The Committee further recommend that, where practicable, the Coroner should nominate one or more competent men (to be approved by the Secretary of State) to act within his district, for the purpose of ensuring that post-mortem examinations, or other medical investigations which may be requisite, should be conducted officially; and that, when notice is given to a Coroner of a death which calls for an Inquest, such notice should be accompanied or followed by the report of the medical man or one of the medical men so nominated.

Medical men engaged in midwifery and active general practice cannot be expected to devote the amount of time in the post-mortem room which is necessary to furnish a proper official report, and many of the medical witnesses have expressed themselves to me quite willing to co-operate with experts, both in Coroners' Courts and for judicial tribunals. In any way it is clear that a complete post-mortem examination should be prepared by notes taken on the spot, or on a form properly prepared for reference and consideration.† It should be more generally known that a Special Examination and Degree has been instituted by the Universities of Dublin, Edinburgh, and Cambridge for those who desire to qualify for

† The form herewith appended is that which I have introduced in my district.

public appointments, or to act as witnesses on behalf of the State. It is desirable that those who hold the chief appointments in our public Institutions, Lunatic Asylums, Prisons, or under Poor Law Administration, or fulfil the office of Coroner, should in future possess this qualification.

Some persons propose to divide the Coroner's inquiry into two classes of cases for his investigation—the judicial forms of death, and the non-judicial.

The judicial investigation would include—(a) the deaths from accidents, violence, or unforeseen causes, where blame is alleged, or from neglect, want of care, exposure to cold, privation, and drinking habits; (b) intentional deaths by persons' own hands, including the various forms of suicide, hanging, cut-throat, shots, poisoning, drowning, &c., and deaths with intention, through other persons, forming the manslaughter or wilful murder cases, as from wounds, injuries, violence, and poisoning.

The non-judicial forms of death are proposed to be differently treated—for instance, sudden deaths, persons found dead or dying from natural causes, and deaths not medically attended, or uncertified, are not to come before a Jury. I see no possibility of carrying out such a classification, nor any grounds for such division of Coroner's work, inasmuch as these latter cases are often unexpectedly found to be those that demand the strictest judicial investigation.

My predecessor, Dr. Lankester, with my assistance, in our early days thought the post-mortem depositions might become valuable records, and capable of being utilized for medical science, and for statistical and judicial purposes ; but it is to be regretted that the materials in their present form are much too imperfect to throw any light upon questions of interest to the medical profession, or any very reliable data for vital statistics.

Inasmuch as the post-mortem examinations are paid for by public money, we always considered they should be required to be done perfectly, and by very competent persons. It would not increase the expenses of Coroners in a large district if the £1 1s. fees now paid for each post-mortem examination to ordinary medical witnesses could be applied for expert work. They would about cover the outlay of a moderate fixed salary paid to the pathologist attached to a Medical School.

There are many questions to satisfy an intelligent Jury that can be determined only by a complete examination of the whole of the organs of the body. Although the immediate cause of death may at once be recognised by a very superficial examination of one or more organs of the body, it is impossible to say what collateral questions may crop up at an Inquest. Medical men being in doubt as to their duties when summoned as witnesses, it may be well to

mention special cases, and those points which too frequently escape the attention of a medical witness who is not prepared for them at the moment.

1. An early examination is important, for delay and the effects of decomposition in hot weather often obliterate marks or bruises, or cause them to be mistaken for post-mortem discoloration. Any delay in the order from the Coroner need not necessarily defer the examination.

2. In cases of alleged neglect, or suspected starvation, greater care should be taken to inspect and record the state of the organs of the body. Facts are often wanting relative to the weight of the whole or parts of the body, the presence or absence of fat, of tubercular disease, or of mesenteric disease, or of congenital syphilis, the amount, if any, of fœcul matter in the intestines, &c. Incomplete examinations lead to the incomplete, or "open verdicts," or "found dead."

3. There is much conflicting testimony in cases of persons found dead or dying, drunk, insensible, or injured. The existence of serious disease, of apoplexy, of degeneration of tissues and organs, often settles disputes, both as to drinking habits and the probable deranged state of the mind of the deceased, in suicides, whilst intoxicated at the time. The testing of the urine for albumen, or sugar, and the blood for alcohol, I have known to give a different aspect to what was suspected as to the nature of the alleged cause of death, and it

has often important medico-legal bearings where persons are charged with causing the death of another.

The knowledge of the character of disease of the organs is of great importance in cases of deaths in Prison. The capability of a prisoner to endure hard labour, a punishment by low diet, forced exercise, or confinement, or the danger of any exposure to cold, are questions that may have important issues.

4. The existence or otherwise of pregnancy in suicide of unmarried females by poisoning and drowning is often wanting, and leads to difficulty as motives for the act.

5. Again, with regard to the class of cases where no post-mortem examination is needed, much difference of opinion will prevail. It is a common expression that "an inquest without a post-mortem examination is a farce." I do not agree with that dictum. Suicides in most of the cut-throat, hanging, pistol shot, and some poisoning and drowning cases, are perfectly clear, requiring no internal post-mortem examination of the body to elucidate the cause of death, or to attribute blame to any one. There are poisoning cases that demand special examinations. Deaths from accidents and violence (witnessed by others), immediately fatal accidents in the streets, and on railways, generally gain nothing from post-mortem examinations. In numerous cases of children found dead in bed, "overlaid" in bed, with parents, or in mother's arms,

there being a previous history of perfect health, but distinct signs of suffocation ; medical men usually give a perfectly reliable opinion without a *post-mortem* examination, viz., that the signs are those of asphyxia from want of fresh air, and not from disease. There are others where the cause would be obscure without one—(1) in newly-born children, found in streets, or in other places cast away, it is impossible to dispense with an examination, in order to prove an act of wilful murder by some person or persons. (2) When a child is found dead, and the death is alleged to be from convulsions, and no external signs exist, no knowledge of previous illness, or no symptoms of spasmodic croup, or any disease likely to end fatally, suddenly, or unexpectedly, it is very desirable to submit such a case to *post-mortem* examination. Some latent disease is generally found, and not unfrequently it establishes suspicions, or gives actual proof of great neglect, or at least ignorance of child management.

The Memoranda for *Post-mortem* Examinations, on a printed form, to be referred to at Inquests and Trials, may be had from the Coroner's Office, Fulham Place, Paddington, W.*

* 1s. 3d. per dozen, by sending stamps.





Tight gutters throughout

